| SEATTL | ECTHICS & | File with: Seattle PO BOX 94728 Seattle, WA 9812 Questions: (206) (206) 615-1248 polly.grow@seatt | 4-4728 684-8500 | SEEC FORM F-1 (7/18) | SEEC DOLLAR CODE (1) (2) (3) | \$0 \$1,000 \$5,000 | OUNT \$99 \$4,99 \$9,99 | FINA 9 AFFA 9 STA | SONAL NCIAL AIRS TEMENT |
|---|----------------------------------|--|--|--|---|---|--------------------------------------|---|--|
| | Candidate candidate | t elected and appo s and others with or being newly app attle City Clerk | nin two weeks pointed to a po | of becoming a sition. | (4) (5) (6) (7) (8) (9) | \$10,000 \$25,000 \$100,000 \$200,000 \$1,000,000 \$5,000,000 or | | 9 9 9 9 | |
| partner, sibli | ng, uncle, aur | ns: (a) a spouse or on t, cousin, niece or r SMC 4.16.080 | lomestic partner rephew, if that p | r, or (b) a parent, par erson either resides | ent of a sporwith or is a c | use or domesti dependent on t | c partner, child he Covered Inc | I, child of spous dividual's most | e o r dom estic recently filed |
| Last Name Greene | | First Jesse | | | e Initial E | reportable in other depend | formation to di dents living in y | members. If t sclose for depe our household use or domesti | dent children |
| 6523 Califo | ress (Use PO mia Ave SW, | | | 71 | 4 | Jessica I | R. Greene | CITY CLERK | 20 P |
| City Seattle | | Coun Kin g | ty | Zip + 4 98136 | 4 | | | 曼 | |
| _ | (Check only of ted or appoint | one box.) ed official filing annu | ıal report | | | Office Held of Office title: | or Sought Seattle City C | ouncil | |
| X Candida | ate running in | cted official. Term of an election: month n elective office | | year _ | 2019 | Position num Term begins | | ends: | 12/31/2023 |
| 1 | INCOME | immediate family | member, rece luring the repo | ource of income (prived compensation orting period that has been 3.) | n, in any fo | rm, of \$2,400 | or more dur | nt, etc.) from ing the period | which you or d. Include st |
| how Self (S) pouse (SP/DP) ependent (D) | Name and A | Address of Employer | or Source of C | ompensation | Occ | upation or How Was Ear | | | nount: Code) |
| S | Seattle Po | pcom Company Inc | , 9320 15th Ave | S, Unit CD, Seattle, | WA 98108 | | | (| 5) |
| S | ACG LLC, | 9320 15th Ave S, U | nit CD, Seattle \ | NA 9810 8 | | | | (| 5) |
| SP | No tiwet | Institution (Stoup | | | | | | (| 5) |
| | Check Here | ☐ if continued on a | ttached sheet | | | | | (|) |
| 2 | REAL ESTA | List stree | t address, asse | essor's parcel num f over \$12,000 in v ting period. (Show | vhich you o | or an immedia | ate family med | mber held a p | ersonal finan |
| roperty Solo | d or Interest Div | | Assessed Value (Use 1-9 Code) | Name and Address of | | | | ount (Use Code | |

Creditor's Name/Address

Payment Terms

(eg. 20 yrs at 4.3%)

Security Given

Property Purchased or Interest Acquired

All Other Property Entirely or Partially Owned

Check here [] if continued on attached sheet

Not Applicable

Not Applicable

CONTINUE ON NEXT PAGE

Mortgage Amount - (Use Code) Original Current

| | | | rting period. Type of Account or Description of A | sset Asset Value (Use 1-9 Code) | Income . (Use 1-9 | |
|--|--|---|--|--|--|---|
| A. Name and address of each bank or financial institution in which you or an immediate family member had an account over \$24,000 at any time during the report period. | | US Bank | (5) | (5 |) | |
| in | Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over \$24,000 during the period. | | Symetra Symetra Lifewise | (77) | 0 (0 0 |) |
| C. Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other | | | Seattle Popcorn Company, Inc | (8) | | 5) |
| in de | ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you or your immediate family member had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. Stock shall be reported by market value at the time of reporting. | | ACG LLC Above and Beyond Repair LLC | (7) | (5 | |
| E: | | | Apove and Seyond Repair LES | (1) | (1 |) |
| _ | here if continued | on attached sheet. List each creditor you or an immediate far period. Don't include retail charge account | nily member owed \$2,400 or more | any time during the | | OUNT 9 CODE) |
| 4 | CREDITORS | in Item 2. | | | | |
| Navy | Federal | itor's Name and Address | Terms of Payment (eg. 6 years at 5.25%) | Security Given None None | original (4) | (3) |
| Navie Navie | ent | | 36 moths at 14% Open Line of Credit 11.9% In School Deferment 6.6% | None None | 4 (4) 5 | (4) 5 |
| Check | here if continued | on attached sheet. | In School Deferment 7.6% | Dollar Amount | <u> </u> | |
| 5 | NET WORTH | Enter your estimated net worth. | \$ 765, | | | |
| 6 A | Il filers answer que | stions A thru D below. If the answer is YES t | o any of these questions, the F-1 S | upplement must also | be comple | ted as |
| Suppl Suppl Incum officel | f this report. If all a ement is required. bent elected officitological holders unless all a language association, joint ventur but not limited to a profession. | als filing an annual financial affairs report nswers to questions A thru E are NO. aporting period were you and/or an immediate family me a or other entity or (2) a partner or member of any limiter assignal limited fiability company? <u>yes</u> If yes, complete | also must answer question E. A mber (1) an officer, director, general partner d partnership, limited liability partnership, lime e Supplement, Part A. | ce filing your initial re An F-1 Supplement in or trustee of any corporate lited liability company or si | s required ion, company milar entity in | of these , union, cluding |
| part of Supplincum officel A. | f this report. If all a ement is required. bent elected officited holders unless all a limited at any time during the reassociation, joint venture but not limited to a profession of the proporting period? | als filing an annual financial affairs report nswers to questions A thru E are NO. Exporting period were you and/or an immediate family me a or other entity or (2) a partner or member of any limited essional limited flability company? Yes If yes, complete diate family member have an ownership of 10% or more ES If yes, complete Supplement, Part A. | also must answer question E. Amber (1) an officer, director, general partner dipartnership, limited liability partnership, l | ce filing your initial re An F-1 Supplement in or trustee of any corporate nited liability company or si | s required ion, company milar entity in | of these , union, cluding |
| ncum officel A. B. | f this report. If all a ement is required. Abent elected offici holders unless all a At any time during the reassociation, joint ventur but not limited to a profet you and/or an immethe reporting period? YOU do you and/or an immethe you and/or an immethe reporting period? | als filing an annual financial affairs report nswers to questions A thru E are NO. aporting period were you and/or an immediate family me a or other entity or (2) a partner or member of any limite issignal limited flability company? Yes If yes, complete diate family member have an ownership of 10% or more ES If yes, complete Supplement, Part A. diate family member own a business at any time during | also must answer question E. A mber (1) an officer, director, general partner dipartnership, limited liability partnership, limited by Supplement, Part A. in any company, corporation, partnership, it the reporting period? YES If yes, complete | ce filing your initial re An F-1 Supplement is or trustee of any corporat sited liability company or si oint venture or other busin a Supplement, Part A. | s required ion, company milar entity in | of these these these these these these |
| ncum officel A. B. C. | f this report. If all a ement is required. Abent elected offici holders unless all a At any time during the reassociation, joint ventur but not limited to a profet you and/or an imme the reporting period? You you and/or an imme pay for a currently-held pay for a currently-held pay for a currently-held payment. | als filing an annual financial affairs report nswers to questions A thru E are NO. eporting period were you and/or an immediate family me as or other entity or (2) a partner or member of any limited sissional limited flability company? Yes If yes, completed diate family member have an ownership of 10% or more ES If yes, complete Supplement, Part A. diate family member own a business at any time during diate family member prepare, promote or oppose slate I bublic office) at any time during the reporting period? N | also must answer question E. A mber (1) an officer, director, general partner dipartnership, limited liability partnership, limited Supplement, Part A. In any company, corporation, partnership, it the reporting period? YES If yes, complete egislation, rules, rates or standards for com O If yes, complete Supplement, Part B. | ce filing your initial re An F-1 Supplement is or trustee of any corporat ited liability company or si oint venture or other busin a Supplement, Part A. pensation or deferred com | s required ion, company milar entity in ness at any tim pensation (other | of these I, union, Icluding The during The than |
| Dart of Supplement of Suppleme | f this report. If all a ement is required. Abent elected offici holders unless all a land time during the reassociation, joint ventur but not limited to a profet property of you and/or an immethe reporting period? You and/or an immediate your resistance. | als filing an annual financial affairs report nswers to questions A thru E are NO. Peorling period were you and/or an immediate family me a or other entity or (2) a partner or member of any limiter assignal fimited fiability company? Yes If yes, complete diate family member have an ownership of 10% or more ES If yes, complete Supplement, Part A. diate family member own a business at any time during diate family member prepare, promote or oppose state I sublic office) at any time during the reporting period? No part of the same accept a gift of food or beverages cost or in part for you and/or an immediate family member to | also must answer question E. Amber (1) an officer, director, general partner dipartnership, limited liability partnership, limited partnership, limited partnership, limited liability | An F-1 Supplement in trustee of any corporate inted liability company or significant venture or other busing a Supplement, Part A. pensation or deferred company source other than your source other than your | s required ion, company milar entity in ess at any tin pensation (other | of these , union, cluding me during ther than |
| D. I. | f this report. If all a ement is required. Abent elected offici holders unless all a sacciation, joint ventur but not limited to a profet the reporting period? You and/or an immer pay for a currently-held provide or pay in whole complete Supplement, F | als filing an annual financial affairs report nswers to questions A thru E are NO. Peorling period were you and/or an immediate family me a or other entity or (2) a partner or member of any limiter assignal fimited fiability company? Yes If yes, complete diate family member have an ownership of 10% or more ES If yes, complete Supplement, Part A. diate family member own a business at any time during diate family member prepare, promote or oppose state I sublic office) at any time during the reporting period? No part of the same accept a gift of food or beverages cost or in part for you and/or an immediate family member to | also must answer question E. Amber (1) an officer, director, general partner dispartnership, limited liability partnership, limited supplement, Part A. In any company, corporation, partnership, in the reporting period? YES If yes, complete egislation, rules, rates or standards for complete Supplement, Part B. O If yes, complete Supplement, Part B. In any company of the supplement, Part B. In any company of the supplement of the suppleme | An F-1 Supplement in trustee of any corporate inted liability company or significant venture or other busing a Supplement, Part A. pensation or deferred company source other than your source other than your | s required ion, company milar entity in ess at any tin pensation (other | of these , union, cluding me during ther than |
| part of Supplincum officel A. B. C. D. | f this report. If all a ement is required. Abent elected offici holders unless all a At any time during the reassociation, joint ventur but not limited to a profe the reporting period? Y Did you and/or an immedial provide or pay in whole complete Supplement, FILERS EXCEPT (I hold a local election and immedial provide or pay in whole complete Supplement, FILERS EXCEPT (I hold a local election in the report of the result of the result of the report of the result of the resul | als filing an annual financial affairs report nswers to questions A thru E are NO. Peorling period were you and/or an immediate family me a or other entity or (2) a partner or member of any limiter essional limited fiability company? Yes If yes, complete diate family member have an ownership of 10% or more ES If yes, complete Supplement, Part A. diate family member own a business at any time during diate family member own a business at any time during diate family member prepare, promote or oppose state I bublic office) at any time during the reporting period? No is family member accept a gift of food or beverages cost or in part for you and/or an immediate family member to part C. CANDIDATES. Check the appropriate box. Steed office. I have read and am familiar | also must answer question E. Amber (1) an officer, director, general partner dipartnership, limited liability partnership, limited supplement, Part A. e in any company, corporation, partnership, in the reporting period? YES If yes, complete egislation, rules, rates or standards for composity of the period of | ce filing your initial real and F-1 Supplement in a cortrustee of any corporate inited liability company or significant venture or other busing a Supplement, Part A. pensation or deferred company source other than your g? If yes to either company of the process of the p | s required ion, company milar entity in ess at any tin pensation (other | of these , union, cluding me during ther than |
| part of Supplincum officel A. B. C. D. | f this report. If all a ement is required. Abent elected offici holders unless all a At any time during the reassociation, joint ventur but not limited to a profe the reporting period? Y Did you and/or an immedial provide or pay in whole complete Supplement, FILERS EXCEPT (I hold a local election and immedial provide or pay in whole complete Supplement, FILERS EXCEPT (I hold a local election in the report of the result of the result of the report of the result of the resul | als filing an annual financial affairs report nswers to questions A thru E are NO. Peorling period were you and/or an immediate family me a or other entity or (2) a partner or member of any limiter essional limited fiability company? Yes If yes, complete diate family member have an ownership of 10% or more ES If yes, complete Supplement, Part A. diate family member own a business at any time during diate family member or prepare, promote or oppose state I bublic office) at any time during the reporting period? No is family member accept a gift of food or beverages cost or in part for you and/or an immediate family member to eart C. CANDIDATES. Check the appropriate box. | also must answer question E. Amber (1) an officer, director, general partner dipartnership, limited liability partnership, limited supplement, Part A. in any company, corporation, partnership, in the reporting period? YES If yes, complete egislation, rules, rates or standards for composition of the period of the of | ce filing your initial real and F-1 Supplement in a cortrustee of any corporate inited liability company or significant venture or other busing a Supplement, Part A. pensation or deferred company source other than your g? If yes to either company of the process of the p | s required ion, company milar entity in pensation (other | of these y, union, cluding ne during ther than light old at agency ons, |
| part of Supplincum officel A. B. C. D. E. ALL | f this report. If all a ement is required. Abent elected offici holders unless all a substitution, joint ventur but not limited to a profession of the reporting period? You and/or an immediate provide or pay in whole complete Supplement, FILERS EXCEPT (I hold a local elections). | als filing an annual financial affairs report nswers to questions A thru E are NO. Peorling period were you and/or an immediate family me or other entity or (2) a partner or member of any limited sissional limited fiability company? Yes If yes, completed diate family member have an ownership of 10% or more SI If yes, complete Supplement, Part A. diate family member own a business at any time during diate family member prepare, promote or oppose slate I bublic office) at any time during the reporting period? No annual report. Regarding the receipt of items not part of any or you and/or an immediate family member to part C. CANDIDATES. Check the appropriate box. Steed office. I have read and am familiar in the use of public facilities in campaigns. | also must answer question E. Amber (1) an officer, director, general partner dipartnership, limited liability partnership, limited Supplement, Part A. in any company, corporation, partnership, in the reporting period? YES If yes, complete egislation, rules, rates or standards for composition of the second of | An F-1 Supplement in a ror trustee of any corporate lited liability company or significant venture or other busing a Supplement, Part A. pensation or deferred company source other than your g? If yes to either company corporate of the pensation or deferred company source other than your g? If yes to either company corporate of the pensation or deferred company source other than your g? If yes to either company corporate of the pensation of the | s required ion, company milar entity in pensation (other pensation (other pensation for both question of the pensation (Home | of these y, union, ciuding me during her than 1) oid al agency ons, (work)* |
| part of Supplincum officel A. B. C. D. E. CERT | f this report. If all a ement is required. Abent elected offici holders unless all a sasociation, joint ventur but not limited to a professor of the reporting period? You and/or an immer pay for a currently-held provide or pay in whole complete Supplement, FILERS EXCEPT (I hold a local elect 2.04.300 regarding the provide or pay in whole complete Supplement, FILERS EXCEPT (I hold a local elect 2.04.300 regarding the provide or pay in whole complete Supplement, FILERS EXCEPT (I hold a local elect 2.04.300 regarding the provide or pay in whole complete Supplement, FILERS EXCEPT (I hold a local elect 2.04.300 regarding the provide or pay in whole complete Supplement, FILERS EXCEPT (I hold a local elect 2.04.300 regarding the provide or pay in whole complete Supplement, FILERS EXCEPT (I hold a local elect 2.04.300 regarding the provide or pay in the provide or pay in whole complete Supplement, FILERS EXCEPT (I hold a local elect 2.04.300 regarding the provide or pay in the pay in the provide or pay in the pay i | als filing an annual financial affairs report nswers to questions A thru E are NO. Peorling period were you and/or an immediate family me or other entity or (2) a partner or member of any limited sissional limited fiability company? Yes If yes, completed diate family member have an ownership of 10% or more SI If yes, complete Supplement, Part A. diate family member own a business at any time during diate family member prepare, promote or oppose slate I bublic office) at any time during the reporting period? No annual report. Regarding the receipt of items not part of any or you and/or an immediate family member to part C. CANDIDATES. Check the appropriate box. Steed office. I have read and am familiar in the use of public facilities in campaigns. | also must answer question E. Amber (1) an officer, director, general partner dipartnership, limited liability partnership, limited Supplement, Part A. in any company, corporation, partnership, in the reporting period? YES If yes, complete egislation, rules, rates or standards for composition of the second of | An F-1 Supplement in a ror trustee of any corporate lited liability company or significant venture or other busing a Supplement, Part A. pensation or deferred company source other than your g? If yes to either company corporate of the pensation or deferred company source other than your g? If yes to either company corporate of the pensation or deferred company source other than your g? If yes to either company corporate of the pensation of the | s required ion, company milar entity in pensation (other pensation (other pensation for both question of the pensation (Home | of these y, union, ciuding me during her than 1) oid al agency ons, (work)* |



Check here [] if continued on attached sheet

File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 Polly.Grow@Seattle.gov

SEEC FORM

SUPPLEMENT (7/18)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGE

| PROVIDE INFORMATIO | N FOR YOU AND ANY IMMEDIATE FAMILY | MEMBERS | | | |
|--|---|--|--|--|--|
| Last Name Greene | First Jesse | Middle Initial E | DATE 02/04/19 | | |
| A OFFICE HIS BUSINESS INTEREST | (1) were an officer, directo organization, union, par | f, during the reporting period, you or any immor, general partner, trustee, or 10 percent or tnership, joint venture or other entity; and/or aber of a limited partnership, limited liability but not limited to a professional limited liability | more owner of a corporation, non-profit partnership, limited liability company or | | |
| • | Legal Name: Report name used on legal | egal documents establishing the entity. The second second is a second s | | | |
| • | Trade or Operating Name: Report name u | | | | |
| | | | | | |
| | he service(s) rendered. | | | | |
| • | k office made payments to the business tual amount received. | | | | |
| | Payments from Business Customers and proprietorship, union, association, busine seek/hold office) which paid compensation services or other consideration was given | Other Government Agencies: List each couss or other commercial entity and each govern of \$12,000 or more during the period to the or parterned for the companion. | poration, partnership, joint venture, sole emment agency (other than the one you entity. Briefly say what property, goods, | | |
| | Washington Real Estate: Identify real esta | ate owned by the business entity if the qualific | ations referenced below are met. | | |
| ENTITY NO. 1 | | Reporting For: Self | X Spouse | | |
| | | | mestic Partner Dependent | | |
| LEGAL NAME: ACG I | LC | POSITION OR PERCENT OF OWNERSHIP | | | |
| TRADE OR OPERATING | G NAME: Above and Beyond Repair | N | lember and Manager | | |
| ADDRESS: 9320 15th / | Ave S, Unit CD, Seattle, WA 98108 | | | | |
| BRIEF DESCRIPTION (| OF THE BUSINESS/ORGANIZATION: Prope | erty Management Construction Services Provi | der | | |
| | ECEIVED FROM GOVERNMENTAL UNIT IN bose of payments | WHICH YOU SEEK/HOLD OFFICE: | ount (actual dollars) | | |
| Not a | Applicable | \$ | 0 | | |
| | ECEIVED FROM OTHER GOVERNMENT AG | ENCIES OF \$12,000 OR MORE: | pose of payment (amount not required) | | |
| Not / | Applicable | No | ne | | |
| | ECEIVED FROM BUSINESS CUSTOMERS Costomer name: | OF \$12,000 OR MORE | pose of payment (amount not required) | | |
| sic | Property Management | С | onstruction Services | | |
| WASHINGTON REAL E and assessed value of p | STATE IN WHICH ENTITY HELD A DIREC property is over \$24,000. List street address, | T FINANCIAL INTEREST (Complete only if cassessor parcel number, or legal description a | ownership in the ENTITY is 10% or more and county for each parcel): | | |
| Not A | Applicable | | | | |



File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 Polly.Grow@Seattle.gov

PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS

SEEC FORM

F-1

SUPPLEMENT (7/18)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

| Last Name Greene | First Middle In | itial | DATE | | |
|--|--|---|---|--|--|
| Greene | Jesse E | | 2/3/19 | | |
| A OFFICE HE BUSINESS INTEREST | VESS (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-pro | | | | |
| • | | | | | |
| • | The state of the s | | | | |
| • | Position or Percent of Ownership: The office, title and/or percent of ownership held. | | | | |
| • | ief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered. | | | | |
| • | Payments from Governmental Unit: If the governmental unit in whentity concerning which you're reporting, show the purpose of each | remmental Unit: If the governmental unit in which you hold or seek office made payments to the busines sich you're reporting, show the purpose of each payment and the actual amount received. | | | |
| • | Payments from Business Customers and Other Government Ager proprietorship, union, association, business or other commercial eseek/hold office) which paid compensation of \$12,000 or more during services or other consideration was given or performed for the compensation. | entity and each governming the period to the entition of the entition. | ent agency (other than the one you y. Briefly say what property, goods, | | |
| • | Washington Real Estate: Identify real estate owned by the business | s entity if the qualification | s referenced below are met. | | |
| ENTITY NO. 1 | | Reporting For: Self X | Spouse | | |
| | | Registered Domest | ic Partner Dependent | | |
| | | | | | |
| LEGAL NAME: Seattle F | Popcom Company, Inc. | POSITION OR PEI | RCENT OF OWNERSHIP | | |
| | | | Dranidant | | |
| TRADE OR OPERATING | NAME: Uncle Woody's Popcom Company | President | | | |
| ADDRESS: 9320 15th A | ve S, Unit CD Seattle WA 98108 | | | | |
| BRIEF DESCRIPTION O | F THE BUSINESS/ORGANIZATION: Specialty Popcom Manufactures | - | | | |
| | CEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLI ose of payments | | (actual dollars) | | |
| Not / | Applicable | \$ 0 | | | |
| | CEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR cy name: | | of payment (amount not required) | | |
| Not a | Applicable | | | | |
| | CEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE tomer name: | Purpose | of payment (amount not required) | | |
| Bartell Drugs, Crown F Fudge, TJX Corporation | Pacific Fine Foods, DPI Specialty Foods, Eurest Dining Services, Ross on, Ahab, Shipping | Ross, Seattle Popcom Sales | | | |
| WASHINGTON REAL ES and assessed value of pr | STATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST operty is over \$24,000. List street address, assessor parcel number, or | (Complete only if owner legal description and c | rship in the ENTITY is 10% or more pounty for each parcel): | | |
| Not A | pplicable | | | | |
| | | | | | |
| Check here ☐ if continued or | n attached sheet | CONTINUE PARTS | B AND C ON NEXT PAGE | | |



File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 61S-1248 Polly.Grow@Seattle.gov

PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS

SEEC FORM

F-1

SUPPLEMENT (7/18)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

| Last Name Greene | | First Jesse | Middle Initial E | DATE 02/04/19 | | |
|---------------------|---------------------------------------|---|---|--|--|--|
| | OFFICE HELD BUSINESS INTERESTS: | (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit | | | | |
| | • L | egal Name: Report name used on legal | - · | , | | |
| | | | used for business purposes if different from th | e legal name. | | |
| | • F | osition or Percent of Ownership: The o | ffice, title and/or percent of ownership held. | | | |
| | • E | Brief Description of the Business/Organiz | zation: Report the purpose, product(s), and/or | the service(s) rendered. | | |
| | | | he govemmental unit in which you hold or see show the purpose of each payment and the ac | | | |
| | p s | proprietorship, union, association, busine | nd Other Government Agencies: List each co ess or olher commercial entity and each gover on of \$12,000 or more during the period to the nor performed for the compensation. | ernment agency (other than the one you | | |
| | • V | Vashington Real Estate: Identify real es | tate owned by the business entity if the qualific | ations referenced below are met. | | |
| ENTITY NO. | . 1 | | Reporting For: Sel | f 🗓 Spouse 🗌 | | |
| | | | Registered Do | mestic Partner Dependent | | |
| LEGAL NAM | IE: Above and I | Beyond Repair LLC | POSITION OF | R PERCENT OF OWNERSHIP | | |
| TRADÉ OR (| OPERATING NA | AME: | Mer | mber and Manager | | |
| | | S., Unit CD, Seattle, WA 98108 HE BUSINESS/ORGANIZATION: Prope | erty Management Construction Services Provice | der | | |
| PAYMENTS | | VED FROM GOVERNMENTAL UNIT IN of payments | | ount (actual dollars) | | |
| | Not Appli | icable | \$ | 0 | | |
| PAYMENTS | ENTITY RECEIN | VED FROM OTHER GOVERNMENT AG name: | | pose of payment (amount not required) | | |
| | Not Appl | icable | | | | |
| PAYMENTS | ENTITY RECEIN | VED FROM BUSINESS CUSTOMERS (er name: | • | pose of payment (amount not required) | | |
| | SJC Pro | perty Managment | | Construction Services | | |
| | | | CT FINANCIAL INTEREST (Complete only if o assessor parcel number, or legal description a | | | |
| | Not Applica | able | | | | |
| Check here | if continued on atta | ached sheet | | | | |
| | | | CONTINUE PA | RTS B AND C ON NEXT PAGE | | |



File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 Polly.Grow@Seattle.gov

SEEC FORM

F-1

(7/18)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS Last Name Middle Initial DATE Greene Jessica 2/3/19 OFFICE HELD. Provide the following information if, during the reporting period, you or any immediate family member BUSINESS (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or INTERESTS: were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company. Legal Name: Report name used on legal documents establishing the entity. Trade or Operating Name: Report name used for business purposes if different from the legal name. Position or Percent of Ownership: The office, title and/or percent of ownership held. Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered. Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received. Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, scriticus of other consideration was given of performed for the compensation. Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met. **ENTITY NO. 1** Reporting For: Self Spouse X Registered Domestic Partner Dependent LEGAL NAME: Seattle Popcom Company, Inc. POSITION OR PERCENT OF OWNERSHIP Treasurer TRADE OR OPERATING NAME: Uncle Woody's Popcom Company ADDRESS: 9320 15th Ave S, Unit CO Seattle WA 98108 BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Specialty Popcom Manufacturer PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLO OFFICE: Purpose of payments Amount (actual dollars) \$ -0 Not Applicable PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) Not Applicable PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Purpose of payment (amount not required)

Bartell Drugs, Crown Pacific Fine Foods, DPI Specialty Foods, Eurest Dining Services, Ross, Seattle Fudge, TJX Corporation, Ahab, Shipping

Popcom Sales

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Not Applicable

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE